

# Limestone College

## Accessibility Faculty Handbook

# Table of Contents

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<b>Accessibility Staff</b>	<b>3</b>
<b>Mission of Accessibility</b>	<b>4</b>
<b>Disabilities and the Law</b>	<b>5</b>
<b>The Purpose of this Handbook</b>	<b>6</b>
<b>What is a Disability?</b>	<b>7</b>
<b>Faculty and Staff Implications</b>	<b>8</b>
<b>Person-First Language</b>	<b>9</b>
<b>Disability Etiquette</b>	<b>10</b>
<b>In-class Teaching Strategies</b>	<b>12</b>
<b>Hearing Impaired</b>	<b>14</b>
<b>Visually Impaired</b>	<b>16</b>
<b>Learning Disabilities</b>	<b>18</b>
<b>Physical Disabilities</b>	<b>23</b>
<b>Psychological Impairments</b>	<b>24</b>
<b>Seizure Disorders</b>	<b>26</b>
<b>Autism Spectrum</b>	<b>28</b>
<b>Other Disabilities</b>	<b>31</b>

# Accessibility Directory

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# Mission of Accessibility

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The Office for Accessibility provides qualified students with disabilities services or reasonable accommodations intended to facilitate the student's full participation at Limestone College. Services do not lower course standards or alter degree requirements, but services include appropriate academic adjustments and modifications to allow for full participation by students. Limestone College will not discriminate against a student based on disability.

# Disabilities and the Law

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Two primary pieces of legislation were enacted to protect the rights of individuals with disabilities. Section 504 of the Rehabilitation Act of 1973, as amended, states that no otherwise qualified individual with a disability may be discriminated against or denied access to the benefits or services of any program or activity receiving federal financial assistance. The Americans with Disabilities Act (ADA), which became effective January 26, 1992, and the Americans with Disabilities Act Amendments Act (ADAAA) of 2008, prohibit colleges and universities from discriminating against qualified students with disabilities. Limestone College is committed to complying with these laws by providing reasonable accommodations and appropriate academic adjustments and modifications to qualified individuals with disabilities.

A “reasonable accommodation” includes any auxiliary aids and services, which do not fundamentally alter the nature of a program or course and do not create an undue burden upon the University. An “individual with a disability” is someone who has a physical or mental impairment that substantially limits one or more major life activity, has a record of such impairment, or is regarded as having such impairment. An “otherwise qualified individual with a disability” is a person who, with or without reasonable accommodations, can meet the essential program or course requirements.

<https://www.sau.edu/Documents/Offices/Student-Disability-Services/2011-12SDSFacultyHandbook.pdf>

# The Purpose of this Handbook

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Federal legislation mandates that the University provide reasonable accommodations that afford equal opportunity for all students. Achieving reasonable accommodations for students with disabilities involves shared responsibility between the students, faculty, and staff. This faculty handbook is designed to serve (1) as an introductory overview of disabilities that affect learning in a college or university setting and (2) as a quick reference for the various adjustments that can be made to accommodate students with disabilities.

It is important to note that each student with a disability will have a different level of functioning even within the same disability category. Compensation skills will also vary from one student to another and in the same student across time. Consequently, while the information presented in this handbook can be used as a general guide, specific knowledge of a student's needs should come to you via a letter prepared by the Accessibility office and discussed with you by the student.

# What is a Disability?

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A “person with a disability” is anyone with a physical or mental impairment that substantially limits one or more major life activities, such as caring for one’s self, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning, and working. In addition to those persons who have visible disabilities – persons who are blind, deaf or use a wheelchair – the definition includes people with a whole range of invisible disabilities. These include psychological problems, learning disabilities, or chronic health impairments. A person is considered to be a person with a disability if he or she has a disability, has a record of a disability, or is regarded as having a disability.

<http://www.chattahoocheetech.edu/wp-content/uploads/2013/03/Disability-Services-Faculty-Handbook-Update.pdf>

# Faculty and Staff Implications

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Faculty and staff are responsive to the individual needs of all students. However, students with disabilities may have additional needs that must be addressed early on. Often, persons with disabilities prefer faculty and staff to focus on their individuality and unique strengths, rather than their disability. Therefore, disabilities often go undisclosed and academic achievement becomes compromised. Instructors are encouraged to issue a statement to new students, inviting them to discuss academic needs as they pertain to a disability. The student is the best source of information regarding necessary accommodations. While it is the student's responsibility to request special accommodations, a faculty member can make a student more likely to disclose a disability by inquiring about special needs. Faculty may encourage a student to seek assistance from the Accessibility Services office in order to implement requested accommodations, if they perceive that a student may benefit from them. An example of such a statement issued to the class: "If there is any student in this class who has need for test-taking or note taking accommodations, I encourage you to meet with our Director for Accessibility Services, and myself to discuss adaptations that can be implemented during the term."

\*\*\*Please include a statement similar to the following in your syllabus:  
*"Students with disabilities who believe that they may need accommodations in this class are encouraged to contact Accessibility at 864-488-8377 or come by the office at Fort D, 201B as soon as possible to better ensure that such accommodations are implemented in a timely fashion."*

<http://www.chattahoocheetech.edu/wp-content/uploads/2013/03/Disability-Services-Faculty-Handbook-Update.pdf>

## Confidentiality

**It is essential that disability information be kept confidential. At no time should the class be informed that a student has a disability except at the student's request. All information that a student gives to the faculty member is to be used specifically for arranging reasonable accommodations for the course of study.**

# Person First Language

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Avoid implying disease when discussing disabilities. Although a disability may have been caused by an illness (such as Parkinson's disease or rheumatic fever), it is not a disease itself, nor is the person necessarily sick. Terms such as stricken with, suffering from, or afflicted with are viewed as negative terms. Do not say "confined to a wheelchair", as most people who use a wheelchair do not view themselves as confined.

Affirmatives:

- Person who is blind; person who is visually impaired
- Person who is deaf; person who is hard of hearing
- Person with a learning disability
- Person with a psychological disability
- Person with a physical disability
- Person who uses a wheelchair

# Disability Etiquette

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1. Offer assistance as you would to anyone else, for example, to push a wheelchair or to guide a person who is blind. The person will indicate whether or not the help is needed, and “no, thank you” must be respected. Most people who are disabled will not hesitate to ask for needed help and will be specific as to how it should be given; a person who is blind may prefer to take your proffered arm.
2. Noticing an obvious disability is not rude; however, asking personal questions about the disability, how it occurred, and possible limitations is inappropriate.
3. Always talk directly to a person who is disabled rather than to the person who may be accompanying him or her. Never talk about a person who is disabled to the person he or she is with as if the person does not exist. This includes an interpreter for a person who is deaf.
4. Do not be concerned if you use the words “walking” or “running” when talking to a person who uses a wheelchair, or “do you see?” when talking to a person who is blind. People with disabilities use these words themselves periodically.
5. Do not avoid using words like blind or deaf when associating with people with these disabilities. People with disabilities are aware of their disabilities and do not need to be shielded from the facts.
6. When talking to a person who uses a wheelchair for any length of time, it is better to sit down in order to be at the same eye level. It is very tiring for a person to look up for a long time.
7. Be sensitive to architectural barriers in your facility. Be aware of federal and state laws that may apply to eliminating architectural barriers in your establishment. Everyone must be concerned and alert to this very real problem.

8. Remember that if a person does not turn around in response to a call, it may be that he or she is deaf. Use a light tap on the shoulder to get a person's attention.

9. Never gesture about a person who is blind to someone else who may be present. This will inevitably be picked up and make the person who is blind feel that you are "talking behind his or her back."

10. Lip reading by persons who are deaf can be aided by being sure that the light is on your face and not behind you, and by taking all obstructions such as pipes, cigarettes or gum out of your mouth, keeping the lips flexible and speaking slowly. Additional communication could include body language, pantomime and gestures of all kinds and written communication if necessary.

<http://www.chattahoocheetech.edu/wp-content/uploads/2013/03/Disability-Services-Faculty-Handbook-Update.pdf>

# In Class Teaching Strategies

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- Select course material early so that materials can be audio taped or enlarged.
- Make the syllabus, short assignment sheets, lecture notes, outlines, and reading lists available for distribution on disk, hard copy, or through email.
- Face the class when speaking. Repeat discussion questions/important information.
- Use concrete, visual examples. Present new information in small chunks.
- Write key phrases and lecture outlines on the board or overhead projector. Have these as reproducible hard copies for students who have difficulty taking notes.
- Initiate group projects in which a person with a learning or physical disability can be (discretely) teamed with other students to enhance individual abilities.
- Arrange lab and computer equipment so it is easily accessible. Adjustable desks and orthopedic chairs are available through Disability Services.
- Give both oral and written instructions for projects and assignments. Give only one or two directions at a time and be specific. Ask the student to put directions in his or her own words and repeat them back to you.
- Be sure that exams test the essential skills or knowledge needed for the course or field of study. Provide study guides or drill sheets. Review test material in advance.
- Consider allowing students to turn in exams or assignments via disk or email attachment, if appropriate. Allow alternate formats to meet course requirements: oral testing and oral presentations in place of written tests and papers.

- Allow extra time and/or an isolated environment for a student to complete tests and final projects if the student is easily distracted. Provide tests in a word document so that reading software can be utilized in a quiet testing environment.
- Allow students with fine motor or written language deficiencies the opportunity to use a word processor with grammar and spell check.
- Break up large, term-long assignments into weekly assignments with deadlines.
- Inform the student and Director of Accessibility Services when the student is falling behind or failing the course.

# Teaching Hearing Impaired Students

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Students with hearing impairment may use a variety of communication strategies, depending on hearing loss, to include a sign language interpreter, oral interpreter, lip reading, and/or assistive listening devices. In the classroom, deaf or hearing-impaired students will benefit from sitting in the front row, directly in front of the instructor. Avoid standing in front of window or other light sources. The glare from behind makes it difficult to read lips and facial expressions. An unobstructed line of vision is necessary for students who use interpreters and for those who rely on lip reading and visual cues. If an interpreter is used, the student's view should include the interpreter and the instructor. The interpreter is to facilitate communication and do not function as a classroom aide/tutor. Do not to engage the interpreter in discussion during class work.

## Instructor Strategies

- Speak to the student, not the interpreter. Recognize the processing time that the interpreter takes to translate a message from its original language into another language. This will cause a delay in the student's receiving information.
- If the student reads lips, speak clearly and more slowly than usual.
- Provide an outline or summary of the materials or lecture you will be giving.
- Repeat questions and remarks made by other students. If sitting in front, the hearing impaired student may not be aware that a question has been asked.
- Use visual aids, power point presentations, and the dry erase board.
- When possible, supply lecture notes and class outlines, printed transcripts of audio and audio-visual materials.
- Communicate in writing to the student when conveying important information.
- Request a volunteer note taker to share notes during the term.
- Provide your email address for communication purposes.
- Close the classroom door to eliminate outside distractions and amplification of background noise. Hearing aids tend to amplify all sounds.

- Be cognizant of the procedural statements made while handing out papers, organizing a project, etc. The student may not be able to follow all steps if presented at once. Ensure student understands what is to be done in order.
- Use hands-on models, charts, and graphs to illustrate your points.
- When ordering new video/DVD materials, please order closed captioning.

### **Suggested Accommodations for Hearing Impairment**

- Sign Language Interpreter or CART
- Note taker
- Closed caption films and use of visual aids
- Printed transcripts of audio and audio-visual materials
- Written directions for assignments and lab instructions
- Demonstration summaries and outlines
- FM Transmitter System

# Teaching Visually Impaired Students

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Visual impairment covers a wide range of visual acuity. Many people considered legally blind, do have some vision capabilities. Others, who have low vision, may rely on residual vision with the use of adaptive equipment. People who are completely blind may rely on visual memory and auditory clues. An instructor is notified prior to the beginning of the term if a visually impaired student is enrolled, so advance preparations can be made for that student. Accessibility Services can make enlarged copies.

## Instructor Strategies

- Allow lectures to be tape-recorded.
- Provide enlarged copies of the syllabus, notes to be distributed and other materials.
- Face the class when speaking.
- Supply ample notice of large research or other projects in which a student will need assistance from peers or others in gathering material.
- Write larger than normal when using the dry erase board. Use block letters.
- Enlarge type on power point presentations or overhead materials.
- Supply materials that must be enlarged to Accessibility Services to include all outlines, directions, supplemental materials, and exams one week in advance.
- Allow the student test taking accommodations to include a test with enlarged print, reader, a scribe, or access to special equipment.
- Emphasize important information verbally.
- Allow extra time for testing and assignments.
- Be cognizant of chairs, desks, trash cans, and items that might block access.
- Provide reading lists or textbook assignments in advance so reading material can be taped or ordered from AMAC. The student is responsible for his or her own account to this service. Some books can be sent in a Word format and enlarged or put on CD and “read” by Zoomtext or other reading software.
- Allow alternative testing measures when using Scantron sheets for an exam.

## Suggested Accommodations for Impaired Vision

- Seating near front and center of class
- Large print handouts
- Braille or large print keyboard labels
- Large print text books
- Audio tape text books
- Class lectures and assignments in audio format
- Zoom Text software to read /enlarge text, images, and graphics on computer
- Enlarged, oral, or audio taped examinations. Readers and/or scribes
- Adaptive equipment to include magnifying anti-glare screen filters
- Computer with optical character reader and voice output – JAWS
- Personal magnifiers

# Teaching Students with Learning Differences

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As soon as possible, privately discuss with the student his/her strengths and limitations. Also discuss learning obstacles, areas of difficulties, and what accommodations would contribute toward a student's success beyond what may be listed on the Accommodation Plan. It is helpful to determine the student's ability to participate in classroom activities as well as the student's expectations of the class. While many students with learning disabilities are highly articulate, some have severe difficulty in talking, responding, or reading/presenting with an audience or before a group. Because of perceptual deficiencies, some students are slow to grasp social cues and respond appropriately. They may lack social skills, or have difficulty sustaining focused attention.

## **Instructor Strategies**

- Provide a list of vocabulary or write it on the board; read material aloud that is written on the board or contained in handouts during lectures. Lecture outlines may be helpful; information presented orally hinders the student's ability to follow the sequence and organization of a lecture.
- Refrain from asking students with reading disabilities to read aloud in class.
- Provide study guides and chapter outlines that cue them to key points.
- Repeat and summarize segments of each presentation and review in its entirety.
- Repeat or re-word complicated directions. Be concise where possible. Write it on the board.
- Avoid overly complicated language or tricky wording in exam questions.
- For students with perceptual deficits, avoid using Scantron answer sheets, or provide an alternative method of response to include writing on the test itself.
- Provide a word bank in an exam for "fill-in-the-blank" questions. Consider recognition tests (t/f, multiple choice) as opposed to recall tests and essays. Students with perceptual impairment will have difficulty with matching format.

- Consider alternative or supplementary assignments for evaluation purposes.
- Avoid testing over material just presented. Time is needed to assimilate knowledge.

### **Suggested Accommodations for Learning Disability**

- Note taker or scribe
- Audio-taped class lectures – allow students to use a tape recorder
- Extra time on exams in distraction-free environment (time and one-half)
- Alternative testing formats, such as oral testing or reading; use of scribe
- Visual, aural, and tactile instructional demonstrations
- Peer tutoring or mentoring opportunities
- Computer equipped with voice output, spell check, grammar check
- Option of written assignments completed on a word processor
- Lecture outlines and summary of key concepts/technical terms on hard copy
- Alternative assignment completion: oral reports in place of written reports
- Break down assignments into sections and allow extra time for completion
- Audio textbooks – available with advance notice through Accessibility Services
- Allow extra time for long reading assignments for a student with a reading disability
- Use of a standard, non-programmable calculator if technical standards allow its use

# Teaching Students with Physical Disabilities

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A wide range of conditions may limit mobility and/or limb function. Among the most common include permanent disorders such as spinal cord injury or traumatic brain injury, musculoskeletal or orthopedic impairment, partial or total paralysis, limb amputation, nerve injury, arthritis, fibromyalgia, muscular dystrophy, multiple sclerosis, back injury, sciatica, or cerebral palsy. Some students might be impaired by cardiac or respiratory illness or other chronic illness to include cancer, AIDS, or diabetes. Conditions such as these may impair the strength, speed, coordination, dexterity and endurance necessary for body mobility. While the degree of disability varies from student to student, many have difficulty getting to or from class, participating in class activities, and completing assignments given outside the class. Flexibility in applying some class rules is helpful. Physical transfer to classrooms is a major concern of students with physical disabilities. Students who use wheelchairs, braces, crutches, canes, or prostheses have difficulty moving within the time constraints imposed by class schedules. Occasional tardiness may be unavoidable. Inclement weather also may pose a factor in timeliness for the student who uses a wheelchair or crutches. Some students suffer from conditions in which weather affects the illness.

## **Instructor Strategies**

Consider the accessibility factor early in the term. Contact the Director of Accessibility Services if room modifications must be made. Some rooms contain fixed seating. A separate desk and/or orthopedic chair or adjustable desk can be provided. In most cases, the student makes arrangements for alternate seating in advance.

- Be familiar with the building's emergency evacuation plan and ensure that each student can get to safety in an emergency situation. Be aware of immediate exits as well as the building shelter site designated for unpredictable weather.

- Computer or lab stations too high or too low for student access with a wheel chair or orthopedic chair can be modified. Adjustable/portable desks also are available.
- Students with health impairments may require more frequent or longer breaks. Keep in mind that medications and the disability itself may cause periods of great fatigue. Be somewhat flexible in attendance, although students are required to meet the mandates of the class overall.
- Consider pairing a student with limb limitations with a partner during lab.
- Allow writing assignments to be completed out of class so that a student may use a scribe or voice-recognition software.
- Give the student the option for oral testing, testing with a scribe, or other means of testing, with extended time.

### **Suggested Accommodations for Mobility**

- Note taker or scribe; tape recorded lectures
- Lab or classroom assistant. *A personal assistant cannot be provided.*
- Automatic entrance doors
- Wheelchair accessible labs, classrooms, and restrooms
- Adjustable tables and ergonomically correct chairs
- Computer equipped with special input device, such as voice recognition, alternative (large key) or ergonomic keyboard
- Auxiliary computer aids such as footrest, supportive arm rests, monitor glare visors
- Frequent breaks during longer class periods
- Use of email for communication and assignment submission via attachments
- Use of voice recognition software to complete assignments
- Use of flexibility in establishing rules for tardiness and absenteeism
- Specialized mouse and track balls

Some courses and classrooms present obstacles to the full participation of students with physical disabilities. In seating such students, every effort should be made to integrate them into the class. Assigning students to a doorway, a side aisle or the back of the room should be avoided. Even apparently insurmountable barriers such as fixed seating may be overcome by arranging for a chair to be

unbolted and removed to make room for a wheelchair. In case of an emergency, students with mobility issues should be the first to be helped to safety.

### **Suggested Accommodations for Health Impairment**

- Assignments made in electronic format; use of email to facilitate communication
- Flexible and/or extended exam times and assignment deadlines
- Note taker or tape-recorded lecture
- Longer or more frequent classroom breaks
- Orthopedic chairs and adjustable desks
- Use of flexibility in establishing rules for tardiness and absenteeism
- Extra time to complete assignments
- A 10% extension in excused absences beyond the norm in setting absence policy. Student must provide medical documentation that firmly indicates that disability issues impacted attendance or the ability to turn in assignments on time. Generally, students receive two extra calendar days to complete an assignment and/or make up testing when a disability clearly impedes progress

# Teaching Students with Traumatic Head/Brain Injury

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Traumatic head injury is an impairment of brain functioning caused by an external force, resulting in a loss or partial loss of one or more the following: cognitive, communication, psychomotor, psychosocial and/or sensory and perceptual abilities. The symptoms arising from a head injury vary, depending on location and extent of the injury. Most persons will experience a combination of the following. Some symptoms are due to medication.

**Physical impairment** may manifest itself in the form of speech difficulties, vision and hearing impairment; headaches; lack of coordination; reduced stamina; spasticity of muscles; paralysis of one or both sides; impaired motor control; and seizure disorders.

**Cognitive impairment** may affect short- or long-term memory and concentration. Other cognitive impairment may include perceptual difficulties, attention, sequencing, planning, judgment, reading, and writing. Communication skills also may be affected.

**Emotional and social impairment** may be expressed through sudden mood shifts, depression, lowered self-esteem, lack of motivation; inability to structure time or modify behavior; difficulty with emotional control; irritability or agitation; restlessness, anger, and difficulty relating to others. Behaviors may be organic in nature or may be new reactions to the disability.

For suggestions on providing accommodations to students with a head injury, refer to the sections on learning disabilities, psychological impairment, and physical disabilities.

# Teaching Students with Psychological Impairment

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Emotional disturbances may not affect learning to the degree of another disability, but have a significant impact on education. Psychological dysfunction may manifest itself in negative behaviors such as class disruptiveness, belligerence, apathy, or even conduct that borders on violence. Difficult as it is, students with emotional disturbances have no more control over their disability than do students with learning or physical disabilities.

Among the most common psychological disorders is depression, schizophrenia, anxiety, bi-polar, and obsessive-compulsive disorder. Many students also suffer from personality disorders in which social cues and social skills have not been mastered. While some of these conditions may be temporary in response to a life crisis, other conditions are life-long afflictions that can be treated with prescription medication and therapy. It should be pointed out that with many drug therapies, side effects are often contrary to the learning environment, producing drowsiness, disorientation, and body weakness.

The most common treatable psychological conditions include *depression* and *anxiety*. While many persons occasionally feel the blues or experience episodes of nervousness, chronic conditions are experienced almost daily. Depression exhibits itself in the form of hopelessness, sadness, apathy, disinterest, lethargy, irritability, fatigue, and impaired concentration. In its extreme form, it may provoke thoughts of or attempts at suicide. Persons suffering from depression often drastically change their eating, sleeping, and living habits. This in turn intensifies the symptoms. Anxiety is often due to unrelenting stress. While mild anxiety has been shown to improve learning – receptors are heightened to take in information – severe anxiety impedes the learning process. Anxiety may reduce concentration, distort perceptions, and hinder attentiveness. Symptoms may include withdrawal, excessive talking, excitedness, jerky physical movements, heart palpitations, panic attacks, hyperventilation, and faintness.

As with any disability, modifications should be made on an individual basis. Most strategies mentioned in this booklet also will pertain to students with psychological impairment. If the student's behavior causes disruption in the

classroom that affects others or your course of instruction, intervention may be necessary.

### **Instructor Strategies**

- Record instances of classroom disruption. Discuss inappropriate behavior in private with the student. Be direct and provide examples. Outline guidelines for appropriate behavior without referencing the disability. Give concrete examples of appropriate behavior when possible.
- Avoid confronting the student in front of other students/staff.
- If the student becomes abusive or violent, or his or her actions appear threatening, contact Campus Security immediately.

# Teaching Students with Seizure Disorders

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Some students who attend Limestone College present with a seizure disorder due to epilepsy, head injury, or other medical condition. Unfortunately, students are sometimes reluctant to disclose their condition because of the perceived stigma surrounding the disorder. Since there are many misconceptions about seizure disorders and how to respond to a person experiencing a seizure, information on what to do is outlined below. Students prone to seizures often take preventative medication that can cause fatigue, memory and concentration difficulties. There are three types of seizures:

**Petit Mal** or “little” seizure is characterized by staring or eye blinking; a trance-like state that may last only a few seconds or minutes. It begins without warning with a dimming of consciousness. Often, the seizure will not be noticed due to its short duration.

**Psychomotor** seizures range from mild to severe. Symptoms of the seizure include staring, mental confusion, uncoordinated or random movements, incoherent speech, and behavior outbursts. Usually there is immediate recovery from the seizure that lasts from two minutes to one-half hour. The student may have no recall of the seizure, but may feel fatigued, disoriented, and slightly nauseated afterward.

**Grand Mal** seizures may be moderate to severe and is manifested in twitching and/or jerking limb movements, muscle contractions, and other motions. The student may experience unconsciousness or fatigue following the seizure.

## What To Do In The Event of a Seizure

- Keep calm. The individual is unaware of what is transpiring, although students and faculty can become easily alarmed.
- Help the student to the floor so he or she does not fall and become injured. If a soft object is available, place it under the student’s head.

- Do not try to immobilize or restrict the student's body movements.
- Do not force anything between the teeth. There is no truth to the myth that the person will swallow his or her tongue.
- Do not turn the student's head to the side to aid breathing. At times, vomiting will occur. Turning the head to the side will keep the student from choking.
- Move aside any objects that might injure the student during the seizure.

The student most likely will be tired or disoriented following the seizure.

*If the student appears to require immediate medical attention, call 911 or Security. You may also call the student's emergency contact number to summon a designated friend or family member. This information is commonly added to the Accommodation Plan*

# Teaching Students with Autism

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Classified as one of the pervasive development disorders, Autism Spectrum Disorder is also seen in many adults. The brain of individuals with adult Autism Spectrum Disorder works in a different way, especially when it comes down to processing information. Their focus is on details and many of these adults have specialized in one field of interest. Autism Spectrum Disorder symptoms in adults can stabilize over time and this provides them with opportunities to improve their social skills and behavior. Autism Spectrum Disorder symptoms in adults are impairments in social interaction like maintaining friendships or feeling the need to engage in activities with others. There are also impairments in communication such as taken whatever is said literally and being unable to read between the lines. There could be an inability to listen to others and pick up on non-verbal signs such as body language or facial expressions. Autism Spectrum Disorder in adults has some common characteristics:

- Lack of managing appropriate social conduct
- High intelligence
- Anger management problems
- Controlling feelings such as depression, fear or anxiety
- Lack of empathy
- Inability to listen to others
- Inflexible thinking
- Repetitive routines provide feelings of security
- Stress when their routine suddenly changes
- Inability to think in abstract ways
- Specialized fields of interest

Due to misunderstanding their behavior, adults with Asperger can be seen as selfish by their peer group members. Other unfair labels can be: egoistic, cold, inflexible or uncaring. Their behavior might appear to be unkind or callous. These students cannot be viewed as behaving inappropriately on purpose. Adults with Asperger syndrome are neurologically unable to see things from the other person's point of view. They are frequently told by their peers or partners that their actions or remarks are considered painful or rude. Many adults with Asperger Syndrome are able to work in mainstream jobs successfully. Their focus

and knowledge on specific topics as well as their good eye for detail can help them succeed in their field of science. In pursuit of their preoccupations adults with Asperger can develop sophisticated reasoning and an almost obsessive focus on their subject of interest, turning them into specialists in their line of work.

**Autism Spectrum Disorder** is a life-long developmental disability that prevents people from understanding what they see, hear, and otherwise sense. This results in severe problems with social relationships, communication, and behavior. Autism is defined as a pervasive developmental disorder characterized by impairments in communication and social interaction, and restricted, repetitive, and stereotypic patterns of behavior, interests, and activities. It is a complex neurological disorder that affects the functioning of the brain. Autism symptoms can be present in a variety of combinations and may accompany other disabilities. Some people with autism have normal levels of intelligence, while most people with autism have some level of intellectual disability, ranging from mild to severe. This range is often referred to as high-functioning autism to low-functioning autism. There may be a range of difficulties in expressive and receptive language and communication. It is estimated that up to 50% of people with autism do not develop functional speech. For those who do, speech may have unusual qualities and have limited communicative functions. All people with autism have difficulties with social interaction and behavior, but the extent and type of difficulty may vary. Some individuals may be very withdrawn, while others may be overly active and approach people in peculiar ways. They have problems with inattention and resistance to change. They often respond to sensory stimuli in an atypical manner and may exhibit odd behaviors such as hand flapping, spinning, or rocking. They may also demonstrate unusual uses of objects and attachments to objects. Although people with autism share some common features, no two individuals are the same. In addition, the pattern and extent of difficulties may change with development. The common characteristics help us to understand general needs associated with autism, but it is important to combine this information with knowledge of the specific interests, abilities, and personality of each student. Although each individual is unique and the student and family should be consulted regarding accommodations, the following accommodations may be helpful to students with Asperger Disorder and high-functioning Autism:

- clearly established and ordered routines
- warning and preparation when changes are anticipated

- planning and practicing of communication strategies and social routines
- earplugs or noise-canceling headsets in hallways or student activity centers
- a quiet area where the student can take a time-out if necessary
- visual schedules and graphic organizers
- visual or written, rather than auditory, instructions
- computer use, especially word processing for writing
- note taker
- repetition/rephrasing instructions/questions,
- teacher prompting for student to report back directions to ensure accurate understanding
- close proximity to teacher during direct instruction
- multi-model instruction, including visual cues and modeling

# Teaching Students with Other Disorders

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There are many other conditions that may interfere with a student's academic functioning. Some of their symptoms and the types of intervention required may resemble those covered elsewhere in this manual. One additional accommodation may require flexible attendance requirements due to health.

## Chronic Health Illnesses

**Section 504** protects the civil rights of individuals who are qualified to participate and who have chronic health illnesses such as, but not limited to the following:

- HIV/AIDS
- Chronic Fatigue Syndrome
- Asthma
- Arthritis
- Cancer
- Diabetes
- Cardiac Diseases
- Renal Failure
- Hepatitis
- Drug and alcohol addiction

## Speech Impairments

There are many reasons for having difficulty with speech. Deafness, cerebral palsy, stroke, head injury, physical malformation of speech mechanisms and general speech impairment are just a few. It is not unusual in stressful situations for someone's speech to become harder to understand. Many persons with difficulty in speech find themselves in situations where people treat them as if they are drunk, intellectually disabled or mentally ill. They are accustomed to being avoided, ignored, and even hung up on by phone. Accessibility for persons with difficulty in speech lies within your power. Your understanding, patience and communication skills are as important to someone with speech that is difficult to understand as a ramp or a grab bar is to someone who uses a wheelchair.

## Instructor Strategies

- If you do not understand what the person is saying, bring it to his/her attention immediately and ask how the two of you may better communicate.
- If it is a stressful situation, try to stay calm. If you are in a public area with many distractions, consider moving to a quiet or private location.
- Consider writing as an alternative means of communication (e-mail).
- If no solution to the communication problem can be worked out with you and the person, consider asking if there is someone who could translate or interpret what he/she is saying.

## Things to Avoid:

- Do not pretend to understand them when you really do not.
- Do not become impatient or exasperated with the communication.
- Do not finish people's sentences for them.

*St. Ambrose University Faculty Handbook*

<http://www.sau.edu/Documents/Offices/Student-Disability-Services/2014-15-SDS-Faculty-Handbook.pdf>